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Cuidado em saúde às pessoas com transtorno mental na rede de atenção psicossocial

Health care to people with mental disorders in the network for psychosocial care

La atención de salud las personas con trastornos mentales en la red de atención psicosocial

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ABSTRACT

Objective: to describe the health care given to people with mental disorders in the Network for Psychosocial Care. **Methods:** quantitative, cross-sectional and descriptive study with 1595 users of Centers for Psychosocial Care in the three states of southern Brazil in 2011. Data were entered in the statistical program Epi Info 6.04 and the analysis was performed in STATA 9.0. **Results:** the percentage of users who have non-psychiatric disorders is 45.3%. Among the non-psychiatric morbidities, hypertension and diabetes are among the most frequent. With respect to the place where service to treat the non-psychiatric disorders is offered, most participants mentioned Basic Health Units. **Conclusion:** the mental disorder is just one among many care needs. Thus, it is important to think on this care beyond the disorder, focusing mainly on people and their complexities.

Keywords: mental health; community mental health services; health policy; deinstitutionalization.

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RESUMO

Objetivo: descrever o cuidado em saúde às pessoas com transtorno mental na Rede de Atenção Psicossocial. **Métodos:** estudo quantitativo, transversal e descritivo, realizado com 1595 usuários de Centros de Atenção Psicossocial nos três estados da região Sul do Brasil, em 2011. Os dados foram digitados no programa estatístico Epi Info 6.04, e a análise foi realizada no STATA 9.0. **Resultados:** o percentual de usuários que possuem morbidades não psiquiátricas corresponde a 45,3%. Entre as morbidades não psiquiátricas, a hipertensão e a diabetes estão entre as mais referidas. Quanto ao local de atendimento das morbidades não psiquiátricas, a maioria dos participantes informou ser atendida nas Unidades Básicas de Saúde. **Conclusão:** o transtorno mental é apenas uma das necessidades de cuidado. Por isso, é importante pensar esse cuidado para além do transtorno, tendo como foco principal a pessoa e toda sua complexidade.

Descritores: saúde mental; serviços comunitários de saúde mental; política de saúde; desinstitucionalização.

RESUMEN

Objetivo: describir la atención de la salud de las personas con trastorno mental en la Red de Atención Psicossocial. **Métodos:** estudio transversal cuantitativo, descriptivo, con 1.595 usuarios de los servicios comunitarios de salud mental en tres estados del sur de Brasil, en 2011. Los datos fueron introducidos en Epi-Info 6.04 programa estadístico y el análisis se realizó utilizando STATA 9.0. **Resultados:** el porcentaje de usuarios que no tienen ningún trastorno psiquiátrico corresponde al 45,3%. Entre las comorbilidades no psiquiátricas la hipertensión y la diabetes están entre los más mencionados. En cuanto al punto de atención de morbilidades no psiquiátricas, la mayoría de los participantes reportaron haber sido atendidos en Unidades Básicas de Salud. **Conclusión:** el trastorno mental es sólo una de las necesidades de atención, por lo que es importante pensar que el cuidado más allá de la enfermedad, centrándose principalmente en la persona y su complejidad.

Descriptores: salud mental; servicios comunitarios de salud mental; política de salud; desinstitucionalización.

INTRODUCTION

Madness has always been present in society in different ways in the course of times. The way crazy people were seen by society used to determine the treatment and care they would receive. Today, people with mental illnesses are cared for based on a new perspective that is not centered in a cure, since the focus is no longer the disease, but the support.

After years of debate and struggle, the Psychiatric Reform was regulated in Brazil by the Law nº 10,216 of 2001 formalizing the model of psychosocial care, and the Ordinance/GM 336 was subsequently released aiming at the regulation of the Centers for Psychosocial Care (CAPS)¹ which is a strategic substitutive service in the process of reform, as it is present in the territory of its users.²

The reform seeks to replace the asylum model by a network of substitute services of attention to mental health. Care, in the perspective of Psychosocial Attention, has been consolidated and has shown to be resolute. Health care needs

to be comprehensive and consider the subject as a whole and not just the mental disorder. In this perspective, the ordinance nº 3,088 established the Network for Psychosocial Care intended for people with mental disorders in the National Health System.³

In this context, CAPS are not the only services available on the network of attention to mental health, nor the person generally needs care related solely to the mental disorder. Thus, it is essential that nurses working in CAPS recognize the person with mental disorder as singular subject of existence and subjectivity.⁴

Thus, assistance by a care network is necessary. Some services of this network include Basic Health Units (UBS), general hospitals, community centers, among others.⁵

The health care in network is not only related to treatment of morbidities, but also to prevention and health promotion. The capability of the network is to diminish the distance between the subject and the resources available to the territory, making possible that they exercise their rights as citizens.

This study is justified by understanding that the health care network needs to account for the health demands and needs of the entire population, including those who are users of mental health services. For this, the network is composed of several services that aim the comprehensive and not fragmented care.

However, studies indicate that stigma and prejudice against people with mental disorders are still very present in society.⁶⁻⁹ This prejudice is present in the policies of many health institutions, professionals and families. This hinders the access of people with mental disorders to other care areas, such as basic health units, general hospitals, emergency care, outpatient clinics, among others.

In this context, the present study aimed to describe the health care offered to people with mental disorders in the Psychosocial Attention Network.

METHODS

This study is part of the research CAPSUL II - evaluation of the CAPS of southern Brazil II¹⁰ which evaluated CAPS in three states (RS, SC, PR), totaling 40 CAPS of the types I, II and III, between the months of July and December 2011. Quantitative data bank users were used in this study, totaling 1595 participants. The sample selection was conducted through random drawing respecting the proportionality of services in each state. The sample estimate for users was 1600, 40 users from each CAPS, and the achieved sample was 1595, with a percentage of loss of less than 1%.

The variables studied were contained in the instrument of research users CAPSUL II. The outcome was structured based on the variables: presence of non-psychiatric disorders dichotomous (yes/no), type of non-psychiatric morbidities (hypertension, diabetes, obesity, cancer, sexually transmitted diseases, acquired immune deficiency syndrome, etc.), local

where service for the non-psychiatric disorders is offered - 5 dichotomous variables, yes/no (basic health care unit, emergency room, first-aid post, specialized clinic, other: doctor's office, hospital, another CAPS, other services, physiotherapy), referral from CAPS to treat non-psychiatric morbidities dichotomous (yes/no), hospitalization for non-psychiatric morbidities dichotomous (yes/no), hospitalization site (general hospital, emergency room, another service).

Data were entered in the *software* Epi Info 6.04 with double entry of independent typists with subsequent cleaning of data. The analysis was performed in STATA 9.0 *software*.

The study was approved by the Ethics Committee of the Nursing School of the Federal University of Pelotas under opinion nº 176/2011. All participants signed an Informed Consent to participate in research, considering Resolution nº 466/12 of the National Health Council.

RESULTS

Most users interviewed in the survey CAPSUL II were from Rio Grande do Sul (44.5%) followed by Paraná (30.5%) and Santa Catarina (25%). Among participants, there was a predominance of females (59.2%), single (45.5%), aged between 31-50 years (52%), claiming to be white (70.7%), with low education level, with prevalence of incomplete primary education (48.77%).

Table 1 shows the results of the approach and referral data to users of Centers for Psychosocial Care in relation to their health problems that do not relate to mental disorders.

Table 1: distribution of non-psychiatric health conditions of users of Centers for Psychosocial Care, Brazil, 2011. (n = 1595)

Presence of Non-psychiatric Morbidities	Frequency	%
Yes	723	45.3
No	872	54.7
Non-psychiatric Morbidities*		
Hypertension	343	21.5
Diabetes	140	8.8
Obesity	79	4.9
Oncological problems	23	1.4
STD/AIDS	16	1
Others	461	29
Service for non-psychiatric disorders		
Basic health Unit		
Yes	160	10
No	367	23
Emergency room		
Yes	50	3.1
No	473	29.6

First-aid post		
Yes	65	4.1
No	458	28.7
Specialized outpatient clinic		
Yes	91	5.7
No	430	26.9
Other		
Doctor's office	27	1.7
Hospital	22	1.4
Another CAPS	43	2.7
Other services, physiotherapy.	17	1.1
CAPS routing*		
Yes	118	7.4
No	415	26
Hospitalization non-psychiatric disorders *		
Yes	202	12.6
No	334	20.9
Local of hospitalization *		
General hospital	167	10.5
First-aid post	29	1.8
Another service	1	0.1

* n differs because of the number of ignored cases

Among surveyed users, the percentage of those who have other health problems in addition to the psychiatric corresponds to 45.3%. Among the non-psychiatric morbidities, hypertension (21.8%) and diabetes (8.8%) are among the most mentioned by participants.

As for where users are assisted to treat these additional health problems, most are assisted at BHU representing 10%, followed by specialized clinics (5.7%), first-aid posts and emergency rooms. A small portion of this population is treated in doctor's offices, hospitals or other services.

Regarding CAPS referrals for treatment of health problems, 7.4% of users have already been forwarded by the CAPS for other services in order to deal with these additional health problems.

As for hospitalizations due to these health problems, 12.6% of respondents have been hospitalized. With regard to the place of hospitalization, 10.5% were admitted to general hospitals.

DISCUSSION

Attention to patients with mental disorders must take place in an integrated manner, through the use of an inter-sectoral network, working to promote comprehensive care.

The present study shows that most of CAPS users have other health problems that can be treated in different network services, and cannot be restricted only to the care offered by CAPS.

Therefore, the care and the actions of mental health need to be present throughout the network of health services, understanding that the disorder does not need to be seen as something separated from the individual and the health system, and that care must be given to the person in its entirety, to account for all its complexity.

In this sense, the Unified Health System (SUS) creates Health Care Networks (HCN) in order to overcome the difficulties incurred with the fragmentation of actions and services and in order to qualify care management in the current context. HCN are organizational arrangements of health actions and services, integrated through technical, logistics and managerial support systems, that seek to ensure comprehensive care. This has as objective to integrate actions and health services providing continuous, integral and qualified care, in a responsible and humane way, and to strengthen the system with respect to access, equity, and clinical effectiveness, sanitary and economic efficiency.¹¹

With the creation of CAPS also emerged the idea to involve the primary care network in mental health care. However, adequate training of professionals of both services must occur for this to occur, not only regarding technical knowledge, but also by developing skills to establish this partnership and build a network that appears to be the basis for a structural change in the care of mental health.¹²

It is important that CAPS act in conjunction with other services, deploying a joint territorial action. Previously, mental health was not a field for health units, but now this happens; primary care is critical in the network. A study carried out in Vitória/ES identified that the process of Interlocution of Mental Health in Primary Care occurs in different ways in each health region, with achievements, but obstacles yet to be overcome, since there is still a long path laying ahead to achieve comprehensiveness in health care.¹³

The way the connections between services occur may guarantee or not comprehensive care.¹⁴ Therefore, it is important that nurses act in order to carry out the care using the different spaces offered by the network.

A study that investigated the strategies of nurses in mental health care in the Family Health Strategy (FHS) found that they are still unfamiliar with the terms such as “mental suffering” or “mental disorder”, highlighting the need for mental health care strategies in the FHS. Also, although they do not plan for this directly, they assume the role of listening, visiting, receiving, and being responsible for the care of these people in the territory covered.¹⁵

This requires training on mental health for these professionals, as well as a greater understanding and awareness, with the purpose of changing the conception of the worker/patient relationship and acceptance of the person with mental disorder as a human being who needs qualified care.¹⁶

In this sense, a study carried out in a psychiatric ward of a general hospital showed that it is important to have working

tools in these spaces that aid to recover the condition of the person with mental disorder as a subject-citizen.¹⁷

Another study that investigated the mental health care by listening to people with disorders coming out from a Day Hospital found results that reinforce the importance for health services to go beyond what is settled and to assume the responsibility of the extended care. The study also found that people continue the mental health treatment after being discharged from the Day Hospital.¹⁸

CONCLUSION

The completion of this study revealed that the care given to the person with disorders pervades Centers for Psychosocial Care, as well as their health care needs.

It was also identified that the service most frequently accessed by users to treat their health problems were the Basic Health Units. This is a positive finding because it shows the importance and role of primary care. However, it is necessary to encourage and empower these people to use also other areas of the Health Care Network.

The findings in relation to the health needs of this population make it clear that the mental disorder is just one among many needs, as well as hypertension, diabetes, among others. It is also important to emphasize the importance of thinking on care beyond the disorder and the various diseases, focusing mainly on persons and all their complexities, involving families, the territory they occupy, among other issues that relate to the subjectivity of each person.

REFERENCES

1. BRASIL. Ministério da Saúde. **Portaria/GM nº 336**, de 19 de fevereiro de 2002. *Define e estabelece diretrizes para o funcionamento dos Centros de Atenção Psicossocial*. Brasília: Ministério da saúde, 2002. Disponível em: <http://dtr2001.saude.gov.br/sas/PORTARIAS/Port2002/Gm/GM-336.htm>
2. BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. *Saúde mental no SUS: os centros de atenção psicossocial*. Brasília: Ministério da saúde, 2004. 86p. Disponível em: <https://www.nescon.medicina.ufmg.br/biblioteca/imagem/1212.pdf>
3. BRASIL. Ministério da Saúde. Portaria Nº 3.088 DE 23 DEZ 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. 2011. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html
4. Almeida ANS, Feitosa RMM, Boesmans EF, Silveira LC. Cuidado clínico de enfermagem em saúde mental: reflexões sobre a prática do enfermeiro. *Rev pesqui cuid fundam* [Internet]. 2014 jan/mar; [citado 23 set 2014];6(1):213-31. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2819/pdf_1106
5. BRASIL. Ministério da Saúde. Coordenação de Saúde Mental e Coordenação de Gestão da Atenção Básica. *Saúde mental e atenção básica: o vínculo e o diálogo necessários*. Brasília: Ministério da saúde, 2003.
6. Vicente JB, Mariano PP, Buriola AA, Paiano M, Waidman MAP, Marcon SS. Aceitação da pessoa com transtorno mental na perspectiva dos familiares. *Rev Gaúcha Enferm*. [Internet] Porto Alegre, 2013 jun; [citado 15 set 2014];34(2):54-61. Disponível em: <http://www.scielo.br/pdf/rgenf/v34n2/v34n2a07.pdf>
7. Oliveira RF, Andrade LOM, G N. Acesso e integralidade: a compreensão dos usuários de uma rede de saúde mental. *Ciênc. saúde coletiva*. [Internet] Rio de Janeiro, 2012 nov; [citado 13 set 2014];17(11):3069-78. Disponível em: <http://www.scielo.br/pdf/csc/v17n11/v17n11a22.pdf>
8. Souza J, Abade F, Silva PMC, Furtado EF. Avaliação do funcionamento familiar no contexto da saúde mental. *Rev psiquiatr clín*. [Internet] São Paulo, 2011; [citado 13 set 2014];38(6):254-59. Disponível em: <http://www.scielo.br/pdf/rpc/v38n6/07.pdf>
9. Silva, KVLG; Monteiro, ARM. A família em saúde mental: subsídios para o cuidado clínico de enfermagem. *Rev Esc Enferm USP*. [Internet] São Paulo, 2011 out; [citado 14 set 2014];45(5):1237-42. Disponível em: <http://www.scielo.br/pdf/reeusp/v45n5/v45n5a29.pdf>
10. CAPSUL II – Avaliação dos Centros de Atenção Psicossocial da Região Sul do Brasil II: Relatório ; Coordenação Luciane Prado Kantorski. – Pelotas, 2013. 106p.
11. BRASIL. Ministério da Saúde. Diretrizes para Organização das Redes de Atenção à Saúde do SUS. Versão/dezembro, 2010. Disponível em: <http://200.18.45.28/sites/residencia/images/Disciplinas/Diretrizes%20para%20organizacao%20redes%20de%20atencao%20SUS21210.pdf>
12. Juca VJS, Nunes MO; Barreto, SG. Programa de Saúde da Família e Saúde Mental: impasses e desafios na construção da rede. *Ciênc. saúde coletiva*. [Internet] Rio de Janeiro, 2009 fev; [citado 16 set 2014];14(1):173-82. Disponível em: <http://www.scielo.br/pdf/csc/v14n1/a23v14n1.pdf>
13. Rodrigues ES, Moreira MIB. A interlocução da saúde mental com atenção básica no município de Vitória/ES. *Saude soc*. [Internet] São Paulo, 2012 set; [citado 21 set 2014];21(3):599-611. Disponível em: <http://www.scielo.br/pdf/sausoc/v21n3/07.pdf>
14. Paes LG, Schimith MD, Barbosa TM, Righi LB. Rede de atenção em saúde mental na perspectiva dos coordenadores de serviços de saúde. *Trab Educ Saúde*. [Internet] Rio de Janeiro, 2013 mai/ago; [citado 22 set 2014];11(2):395-409. Disponível em: <http://www.scielo.br/pdf/tes/v11n2/a08v11n2.pdf>
15. Amarante AL, Lepre AS, Gomes JLD, Pereira AV; Dutra VFD. As estratégias dos enfermeiros para o cuidado em saúde mental no programa saúde da família. *Texto Contexto Enferm*. [Internet] Florianópolis, 2011 jan/mar; [citado 21 set 2014];20(1):85-93. Disponível em: <http://www.scielo.br/pdf/tce/v20n1/10.pdf>
16. Paes MR, Maftum MA, Mantovani MF. Cuidado de enfermagem ao paciente com comorbidade clínico-psiquiátrica em um pronto atendimento hospitalar. *Rev Gaúcha Enferm*. [Internet] Porto Alegre, 2010 jun; [citado 05 set 2014];31(2):277-84. Disponível em: <http://www.scielo.br/pdf/rgenf/v31n2/11.pdf>
17. Duarte MLC, Olschowsky A. Fazeres dos enfermeiros em uma unidade de internação psiquiátrica de um hospital universitário. *Rev bras enferm*. [Internet] Brasília, 2011 jul/ago; [citado 08 set 2014];64(4):698-703. Disponível em: <http://www.scielo.br/pdf/reben/v64n4/a11v64n4.pdf>
18. Ferreira MSC, Pereira MAO. Cuidado em saúde mental: a escuta de pacientes egressos de um Hospital Dia. *Rev bras enferm*. [Internet] Brasília, 2012 abr; [citado 04 set 2014];65(2):317-23. Disponível em: <http://www.scielo.br/pdf/reben/v65n2/v65n2a18.pdf>

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